

NOTICE OF COMPLETION OF GROUND-WATER DEVELOPMENT

For ground-water developments with a maximum use less than 100 gpm

(Use Form 600, Application for Beneficial Water Use Permit
for undeveloped springs or appropriations greater than 100 gpm)

IMPORTANT

The right to the use of ground water is not automatic. Your priority will be determined by the date of filing this form; however, **DO NOT SUBMIT THE FORM UNTIL THE DEVELOPMENT IS COMPLETED, WITH PUMP OR OTHER MEANS OF WITHDRAWAL INSTALLED.** Attach the \$5.00 filing fee, payable to the Department of Natural Resources and Conservation.

FOR DEPARTMENT USE ONLY

Notice No. _____
Date Received _____, 19____
Time _____ A.M./P.M.____
Transmittal No. _____
Fee Received \$ _____
Received By _____

(Please type or print in ink)

TEST WELL #8

1. Name(s) ANACONDA INDUSTRIES, DIVISION OF THE ANACONDA COMPANY
Address POST OFFICE BOX 10
City COLUMBIA FALLS, State MONTANA Zip 59912
Home Phone No. _____ Other Phone No. (406) 892-3261

2. Source of Ground Water Supply ☒ Well ☐ Developed Spring (excavation performed)
☐ Pit ☐ Sump

3. Point of Withdrawal:

Lot _____, Block _____,
Addition or
Subdivision _____.

SE 1/4 NE 1/4 NE 1/4 of Section 3 ,

Township 30N $\frac{N}{S}$, Range 20W $\frac{E}{W}$, M.P.M.,

County FLATHEAD

4. Place of Use:

Lot _____, Block _____,
Addition or
Subdivision _____

SE 1/4 NE 1/4 NE 1/4 of Section 3

Township 30N ^N/_S, Range 20W ^E/_W, M.P.M.,

County FLATHEAD

Indicate place of use and point of withdrawal on the map. Attach additional maps, aerial photos etc., if needed.

A 10x10 grid with a small 'x' mark in the 2nd row, 8th column.

NOTE: Your legal land description may be obtained from your deed, county assessor, or clerk and recorder.

MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION

32 SOUTH EWING

HELENA, MONTANA 59601

449-3634

DNRG

(Complete Reverse Side)

ARCF00002069

5. Amount of Water, use to which it has been applied, and period of use:

Total amount used: 36 gpm

☐ Domestic (includes lawn and garden)

from _____ to _____, incl.
(month/day) (month/day)

No. families to be supplied: _____

☐ Stock from _____ to _____, incl.
(month/day) (month/day)

Approximate maximum number and type of livestock watered: _____

☐ Irrigation from _____ to _____, incl.
(month/day) (month/day)

Total number acres irrigated _____

XXX Other from 1/1 to 12/31, incl.
(month/day) (month/day)

*Describe INDUSTRIAL
(industrial, municipal, recreation, etc.)

6. (a) Name and address of well driller or contractor: (if applicant or other please indicate)

Name WEBER DRILLING COMPANY

Address POST OFFICE BOX 929, COLUMBIA FALLS, MT., 59912

(b) Maximum withdrawal 36 gpm as tested by driller.


(c) Date development begun 12/17/79 Date completed 12/28/79
(month/day/year) (month/day/year)

(d) Does this well replace an existing well? ☐ Yes ☒ No

7. Remarks: (Use this space for additional information, if needed, to describe development.)

THIS WELL IS FOR THE PURPOSE OF MONITORING GROUND WATER.

8. THE APPROPRIATOR CERTIFIES THAT THE STATEMENTS APPEARING HEREIN ARE TO THE BEST OF HIS KNOWLEDGE TRUE AND CORRECT.

 1/14/80
(signature) (date)

(signature) (date)

(signature) (date)

Signature(s) of appropriator(s) must be exactly as in Item 1, page 1. If more than one appropriator is shown, all must sign.

ENCLOSE FILING FEE WITH THIS FORM!!